REPRESENTATIVES  MENT  Presentatives State: OH  propose Staff File Shared	For New Members, Candidates,  Paytime Telephone  For New Members, Candidates,  For New Members,	FORM B  Indicates, and New Employees  Check If  Amendment  Period Covered: Jenuary 1, 2021  In September 18, 2022	Page 1 of SEP 26 Th22  EDISLATIVE RESOURCE CERTER  THE SEP 28 ENTITE OF C.  WHO SEP 28 ENTITE OF C.  WHO SEE THE Office Uses Only)  A \$200 penetry shell be assessed against any individual who files more than 30 days into	Page 1 of 21
New Officer or Employee  Employing Office: Shared	Principal Assistant HESE QUESTION	Period Covered: Jenuary 1, 2021 to September 16, 2022	A \$200 penaity shall be assessed against any individual who files more than 30 days late	essed against any than 30 days late.
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	<u> </u>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ugh the date of filing? Yes	* 8
C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the Yes X Ne reporting period?	your F.	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	r arrangement with an Yes	No X
D. Did you, your spouse, or your dependent child have any reportable Yes X No Hability (more than \$10,000) at any point during the reporting period?	Shrk 3. C	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes	×
ATTACH THE CORRESPONDING SCHEDULE IF Y THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU	DING SCHE	DULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	8" O COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	MATION -	ANSWER BOTH OF THES	SE QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	and certain other	"excepted trusts" need not be disclosed.	Have you excluded Yes	No ×
EXEMPTION - Have you excluded from this report any other sesets, "unearned" income, or liabilities of a spouse or depension? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	itabilities of a space.	ouse or dependent child because they meet all three tests for	et all three tests for Yes	<b>₹</b>

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Use additional sheets if more space is required. ä 4 5 Exclude: Your personal residence, including secon fromes and vication homes (urhass there was ren income during the reporting period); and as financial interestin, or income derived from, a feder interest program, including the Thrift Savin. For all IRAs and other relienment plans (such as 401(t) plans) provide the value for each asset hald in the account that asseted the reporting thresholds. If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly hald with anyo (JT), in the optional column on the far left. For an ownership interest in a privately-field business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over Provide complete names of stocks and mutual fund (do not use only ticker symbols). \$5,000, list every finencial institution where there more than \$1,000 in interest-bearing accounts. you report a privately-traded fund that is a scoopled investment Fund, please check the "Elffor restal and other real property held investment, provide a complete address bearington, e.g., "rental property," and a city nd (b) any other reportable asset roome which generated more ti roduction of income and with a fair market value PERMISATION FEEL SWINDS WATERING REV SEVER DO 2014 LOOM 11/16/26 & BTD 12/18/14 FEE CL 11/16/26 LEAGUE CITY TEX GO REF BOS 2020

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ADDYS 02/15/23 BRE OTD 10/15/20 NC Assets and/or income Sources emed' income during the year DREYFUS INSURED DEPOSIT PROGRAM O eding \$1,000 at the end of the reporting period (a) each asset held Signon & Schuster discussion of Schedule entire to the instruction book BLOCK A a Com Short for investment then \$200 9 Indicate value of esset at close of the reporting period. If you Check all columns that apply. For eccounts that use a valuation method other than the market value, pleased princers to us desired income (such as 401(k), uspecify the method used.

The color of the reporting period and in Deferred column. Dividends, interest, and if a saset was sold during the reporting period and individually gaths, even if retirested, must be recluded only because it generated income, the value should desired as snoone for essets hald be referred.

The color of \*Column M is for essets held by your spouse ohild in which you have no interest. None > œ \$1-\$1,000 \$1,001-\$15,000 C × \$15,001-\$50,000 0 Value of Asset × \$50,001-\$100,000 m 71 \$100,001-\$250,000 BECCE B 0 \$250,001-\$500,000 x \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \_ • \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 × Over \$50,000,000 Spouse/DC Asset over \$1,000,000\* Z × DIVIDENDS RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: a.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in fazzble accounts Check "None" if no income was earned or generated. \*Column XII is for assets held by your spouse or dependent child in which you have no interest × None × \$1-\$200 = × # \$201-\$1,000 × 2 \$1,001-\$2,500 < \$2,501-\$5,000 S \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 突 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 **BLOCK D** ¥ Spouse/DC Income over \$1,000,000\* None × × × \$1-\$200 = 픋 × × \$201-\$1,000 \$1,001-\$2,500 Z < \$2,501-\$5,000 S \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 Ħ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × Over \$5,000,000 Spouse/OC income over \$1,000,000\* ĕ

Name: MADISON GESIOTTO GILBERT Page 2 of 21

	SCHEDULE A - ASSETS & " UNEARNED
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Name: MADISON GESIOTTO GILBERT

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RYMA OTD WITE PAGE PROU STR POOL # MAZZ772  1.500x 10/01.45 D.E.DTD 06/01/16 N.C  EXC CORP FOD RESINE 21,00x 11/01/28 D.E.DTD  10/16/16 C.J.E.G.B. 04/01/78	908706 "600.D" 3.500% 05/07/46 B/E DTD 05/07/76 IKC UNITED STATES TRESA 80°S 2250% 00/15/46 B/E DTD 00/15/16 B/C	CEDERAL HOME IN THE COMPRAIN CITY FOOL #	EXPRESE EXPONENTACIO CO GEO PARO PARE EN 11/27/25 4.500% 02/25/26 B/E DTO 02/25/16 QJB CJB 11/27/25	APPRIATE BY BY BY BY HAVE NO.	VIRGINIA BLEC & PWM CO PXO RT ST NOTES SSR A 3.150% 01/16/25 B/F D7D 01/14/16 CLB CLB 10/14/25	17/01/34 B/E DTD 10/20/14 CLB CLB OS/01/34	DENERAL SLEC CAP CORP MEDIUM TERM NTT SLOWAL MEDIUM TERM NOTES SECES A SLATEN ST./10/25 SAE DTD 01/20/29 N/C	TOSON 03/16/29 BY DUD 03/15/16 CTP 1/2/16/24	04/15/24 BYE OTD 04/04/14 CLB CLB 01/16/24	CETTERIOUP INC SUB NY 4.400% 06/10/25 B/E 010	KUSOURCE INC NT 0.860% 08/16/28 8/E 0TD 06/18/20 CLB (U.B 07/16/28	2/JIG/10 CLG 3/G 1/0/20 %OBT C.CTOS. SPERGES POSICES (TOOS. SPERGES)	ASSET NAME EFF		Assets and/or income Sources	BLOCK A
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Name: MADISON GESIOTTO GILBERT

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Name: MADISON GESIOTTO GILBERT

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Name: Madison Gesiotto Gilbert	

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		ABSET NÁME  EF		slock A Assets and/or income Sources
<del> </del>	<del>┧┈╎┈╏┈╏</del>	_	None >	
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┝═╫═╫═╬═	╫┼┼┼┼	<del>-   -  </del>	\$250,001-\$500,000 o	BLOCK 9 Value of Asset
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<del>                                      </del>			\$1,000,001-\$5,000,000 —	-
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<del></del>	╫┈┼┈┞┈╂╼╂┈╂┈╂	╼╂╼╾╂╼╾┤╶─╴	Over \$50,000,000	
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	<del></del>		DIMOENDS	
			RENT	7
			INTEREST	8 ,
		×	CAPITAL GAINS	BLOCK C
			EXCEPTED/BLIND TRUST	8 6
			TAX-DEFERRED	3
			Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	
		×	None -	
			\$1-\$200 =	
	<del>╟┈╽┈╏┈╏┈╏┈</del> ╏┈╂	╼╄╼┼	\$201-\$1,000 =	
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┝		╼╂╼╌╂┈╌┤	\$100,001-\$1,000,000 😾	
<del>┝╍╫╼╬╼╠┈╫╺╬╼</del>	<del>╬┈╬┈╬┈╬┈╬┈╬┈╬</del>	┅╂╍╌┼	\$1,000,001-\$5,000,000 ×	≥ .
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<del>┊╸╬╸╬╼╬╼╬╼╬</del>		<del></del>	Spouse/DC Income over \$1,000,000° ≧	in P
			None -	BLOCK D
	<del>                                     </del>	+++	\$1-\$200 =	8
		×	\$201-\$1,000	30
			\$1,001-\$2,500 ~ ~	
			\$2,501-\$5,000 < 65 \$5,001-\$15,000 \leq 65 \$15,001-\$50,000 \leq 55	
			\$5,001-\$15,000 ≤ <u>0</u>	
			\$50,001-\$100,000	
			\$190,001-\$1,000,000 😾	
			\$1,000,001-\$5,000,000 ×	
			Over \$5,000,000   SpousefDC Income over \$1,000,000°	

### SCHEDULE C - EARNED INCOME

Name: MADISON GESIOTTO GILBERT Page **7** 9 N

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$28,585. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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	Course (include date of monint for homomain)	1	Current Veerte Filles Am	Amount Broadles Yes
	Contro (linguage came of seconds for inclinating)	- ypa		
	ABC Trade Association, Baltimore, MD (July 15)	Honogrium	\$0	\$500
Examples:		Selso	000.002	\$75.000
	Orbito County Board of Education	Spouse Refer	M/A	\$1.000 N/A
		Manager Lands	25	R3
THE FIRST	THE FIRST DIGITAL, INC., NEW YORK, NY	1099	\$5	\$24,000
THE ARIZO	THE ARIZONA CARIDINALS, TEMPE, AZ	SPOUSE SALARY	NA	NJA

Name: Mapson descrito dilettr

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are interest (unless you are personally liable); and liabilities over to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving change account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column X is fer liabilities held solely by your spouse or dependentchild

			<b>5</b> 1		D. 역 기		
		DEF	PERS	Exemple			
		DEPARTMENT OF EDINELACT	PERSHING, NEW YORK, NY	First Berik of Wilmington, DE	Creditor		
		09/14	10/20	5/20	Liability Incurred MO/YR	}	
		STUDENT LOWIS	LINE OF CREDIT ON INVESTIGENT PROPERTY.	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	•	
					\$50,001- \$100,000	n	
		×		×	\$100,001- \$250,000		
					\$250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	78	이 다
			×		\$1,000,001- \$5,000,000	6	Bolley
					\$5,000,001- \$25,000,000	æ	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	۵.	
					Over \$1,000,000* (Spouse/DC	7	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

SOAND MEMBER	SOLE MEMBER	MEMBER	NEWBER	MENDER	Position
THE GESIOTTO GILBERT FOUNDATION, INC.	PAGEANT PRECISION LLC	CANTON BROADCASTING LLC	SEVEN HILLS COUNTRY CILUS LLC	OTH BOHIC	Name of Organization

#### SCHEDULE F - AGREEMENTS

Name: MADISON GESIOTTO GILBERT	Page 20 of 21	ľ
: <u>5</u> .	ng the period of government service:	
forments by a former or current employer other than the 112 covariment; or continuing participation in an employee welfers or benefit also make	or honoff nion maintained by a former	

identify the data, parties to continuation or deferral of employer. Date paymone by a come of Parties to Agreement canoni empayer was train are c.o. garerment, or commany para-passar in an empayed weight or benefit pain manually by a comm Terms of Agreement

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

		Ī
Legal Services	Mills, Mills, Fiely and Lucas, Canton, OH	<b>*</b>
Accounting Services		Example:
Brief Description of Duties	Source (Name and City/State)	

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